

Client # _____ Pre___ Post___(check one)

Gambling Symptom Assessment Scale (G-SAS)

(Kim et al., 2001)

The following questionnaire is aimed at evaluating gambling symptoms. Please *read* the questions *carefully* before you answer.

1. If you had urges to gamble during the past WEEK, on average, how strong were your urges? Please circle the most appropriate number.

| | | | | |
|------|------|----------|--------|---------|
| 0 | 1 | 2 | 4 | 5 |
| None | Mild | Moderate | Severe | Extreme |

2. During the past WEEK, how many times did you experience urges to gamble? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two to three times
- 3) Several to many times
- 4) Constant or near constant

3. During the past WEEK, how many hours (add up hours) were you preoccupied with your urges to gamble? Please circle the most appropriate number.

| | | | | |
|------|--------------|-----------|------------|------------|
| 0 | 1 | 2 | 4 | 5 |
| None | 1 hr or less | 1 to 7 hr | 7 to 21 hr | over 21 hr |

4. During the past WEEK, how much were you able to control your urges? Please circle the most appropriate number.

| | | | | |
|----------|------|----------|---------|------------|
| 0 | 1 | 2 | 4 | 5 |
| Complete | Much | Moderate | Minimal | No Control |

5. During the past WEEK, how often did thoughts about gambling and placing bets come up? Please circle the most appropriate number.

- 0) None
- 1) Once
- 2) Two to four times
- 3) Several to many times
- 4) Constantly or near constantly

6. During the past WEEK, approximately how many hours (add up hours) did you spend thinking about gambling and thinking about placing bets? Please circle the most appropriate number.

| | | | | |
|------|--------------|-----------|------------|------------|
| 0 | 1 | 2 | 4 | 5 |
| None | 1 hr or less | 1 to 7 hr | 7 to 21 hr | over 21 hr |

7. During the past WEEK, how much were you able to control your thoughts of gambling? Please circle the most appropriate number.

| | | | | |
|----------|------|----------|---------|------------|
| 0 | 1 | 2 | 4 | 5 |
| Complete | Much | Moderate | Minimal | No Control |

8. During the past WEEK, approximately how much total time did you spend gambling or on gambling related activities? Please circle the most appropriate number.

| | | | | |
|------|--------------|-----------|------------|------------|
| 0 | 1 | 2 | 4 | 5 |
| None | 2 hr or less | 2 to 7 hr | 7 to 21 hr | over 21 hr |

9. During the past WEEK, on average, how much anticipatory tension and/or excitement did you have *shortly before* you engaged in gambling? If you did not actually gamble, please estimate how much tension and/or excitement you believe you would have experienced, if you had gambled. Please circle the most appropriate number.

| | | | | |
|------|---------|----------|------|---------|
| 0 | 1 | 2 | 4 | 5 |
| None | Minimal | Moderate | Much | Extreme |

10. During the past WEEK, on average, how much excitement and pleasure did you feel when you won on your bet. If you did not actually win at gambling, please estimate how much excitement and pleasure you would have experienced, if you had won. Please circle the most appropriate number.

| | | | | |
|------|---------|----------|------|---------|
| 0 | 1 | 2 | 4 | 5 |
| None | Minimal | Moderate | Much | Extreme |

11. During the past WEEK, how much emotional distress (mental pain or anguish, shame, guilt, embarrassment) has your gambling caused you? Please circle the most appropriate number.

| | | | | |
|------|---------|----------|--------|---------|
| 0 | 1 | 2 | 4 | 5 |
| None | Minimal | Moderate | Severe | Extreme |

12. During the past WEEK, how much personal trouble (relationship, financial, legal, job, medical or health) has your gambling caused you? Please circle the most appropriate number.

| | | | | |
|------|---------|----------|--------|---------|
| 0 | 1 | 2 | 4 | 5 |
| None | Minimal | Moderate | Severe | Extreme |

| | | |
|-----------|----------|-----------|
| Counselor | Pre-test | Post-test |
| Score | | |

Date_____

Would you be willing to participate in future surveys?

Your participation in future surveys would help by giving valuable data regarding the effectiveness of problem gambling treatment. We would like to be able to follow up and see how you are doing in 90 days, 6 months, a year, etc. If you are willing to participate, please fill in the information below.

Name (indicate "occupant" if you prefer no name be used) _____

Street Address_____

City_____State_____Zip Code_____

Phone # if willing to be contacted by phone: _____